



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Effective Date: 06/08/2004

Business ID: 382510

William M. Gardner

Secretary of State

200416090046

GALAXY INTEGRATED TECHNOLOGIES, INC.

44 THORNTON ST, SUITE 101
NEWTON, MA 02458

ADDRESS OF PRINCIPAL OFFICE:

44 THORNTON ST, SUITE 101
NEWTON, MA 02458

REGISTERED AGENT AND OFFICE:

ROY GOODBREAD
95 BOG RD
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 382510

STATE OF DOMICILE: MASSACHUSETTS

FEDERAL ID: 043468103

LOW VOLTAGE WIRING FOR CCTV, INTERCOM, DATA LINES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☒

The new principal office address 100 LEO M. BIRMINGHAM PKWY, , BRIGHTON, MA 02493

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES MICHAEL MCDADE

STREET 21 WARREN PLACE

CITY/STATE/ZIP WESTON, MA 02493

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME MICHAEL MCDADE

STREET 21 WARREN PLACE

CITY/STATE/ZIP WESTON, MA 02493

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, Director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

MICHAEL MCDADE

Please print name and title of signer:

MICHAEL MCDADE

/

PRESIDENT

NAME

TITLE

REPORT FEE IS: \$50.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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